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Attitudes of nurses from a teaching hospital in caring for families

Atitudes de enfermeiros de um hospital de ensino no cuidado de famílias

Actitudes de los enfermeros en un hospital universitario en el cuidado de las familias

RESUMO

Objetivo: Descrever as atitudes de enfermeiros perante o cuidado de famílias, utilizando a Escala Importância das Famílias nos Cuidados de Enfermagem – Atitudes dos Enfermeiros. **Método**: Estudo quantitativo, descritivo de recorte transversal, realizado com 126 enfermeiros em um Hospital Escola. Utilizou-se um formulário estruturado para se obter a caracterização dos participantes e a escala Importância das Famílias nos Cuidados de Enfermagem – Atitudes dos Enfermeiros, para analisar a atitude de apoio dos enfermeiros em relação às famílias. Aplicou-se análise estatística descritiva estratificando os escores obtidos na escala e subescalas pelas características dos Enfermeiros. **Resultados**: O escore médio total obtido, na escala, foi de 84,4 (DP=8,6), demonstrando uma atitude de apoio às famílias. Entretanto, ao estratificar-se pelas características dos Enfermeiros, observou-se escores de baixo apoio dentre aqueles que não tiveram experiência prévia de ter um familiar gravemente enfermo e dos que não tiveram algum contato prévio com o conteúdo de enfermagem da família. **Conclusões e implicações para a prática**: os enfermeiros apresentaram atitudes de apoio perante às famílias. O que na prática assistencial aproxima a família e a enfermagem, potencializando a troca de informações e a corresponsabilização da família pelo tratamento.

Descritores: Enfermagem; Enfermagem Familiar; Atitude; Cuidados de Enfermagem.

ABSTRACT

Purpose: to describe nurses' attitudes towards caring for families, using the Importance of Families in Nursing Care - Nurses' Attitudes Scale. **Method**: it is a quantitative, descriptive, cross-sectional study, carried out with 126 nurses at a Teaching Hospital. A structured form was used to obtain the characterization of the participants and the scale Importance of Families in Nursing Care - Nurses' Attitudes, to analyze the nurses' supportive attitude towards families. Descriptive statistical analysis was applied, stratifying the scores obtained in the scale and subscales by the characteristics of the Nurses. **Results**: the total mean score obtained in the scale was 84.4 (SD=8.6), showing a supportive attitude towards the families. However, when stratifying by Nurses' characteristics, low support scores were observed among those who had no previous experience of having a critically ill family member and those who had no previous contact with the family's nursing content. **Conclusions and implications for practice**: the nurses showed supportive attitudes towards the families. In care practice, this brings the family and nursing closer together, enhancing the exchange of information and the family's co-responsibility for the treatment.

Descriptors: Nursing; Family Nursing; Attitude; Nursing Care.

RESUMEN

Objetivo: Describir las actitudes de los enfermeros hacia la atención familiar, utilizando la Escala de la importancia de las familias en la atención de enfermería: la actitud de los enfermeros. **Método**: Estudio descriptivo, realizado con 126 enfermeros, en un hospital universitario. Se utilizaron análisis estadísticos descriptivos y las pruebas de Kruskal-Wallis y Mann-Whitney (p <0.05). **Resultados**: Los enfermeros eran en su mayoría mujeres, con una edad promedio de 37.5 años y 11.6 años de experiencia profesional. Se obtuvo la puntuación media de 84,4 (DE = 8,6), caracterizada como una actitud de apoyo a las familias. La puntuación baja de apoyo se encontró entre los enfermeros que informaron no haber tenido contacto previo con el contenido de enfermería familiar. **Conclusiones e implicaciones para la práctica**: Se encontró que entre los enfermeros había una actitud de apoyo hacia la familia, se reconoce la aplicabilidad de la escala para su uso en el área del hospital y su red asistencial y la necesidad de incentivos para desarrollar habilidades de enfermería familiar en la formación de enfermeros.

Descriptores: Enfermería; Enfermería de la Familia; Actitud; Atención de Enfermería.

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INTRODUCTION

Hospitalization, when necessary, be it in a health institution or at home, is seen with resistance by most patients and family members, because it brings about a series of changes in the routine of those involved[1]. Hospital admissions require a companion/family member to be by the patient's side during the entire period of stay, causing the family group to leave the routine, many uncertainties, insecurity and helplessness in the face of the experience[2]. In addition, there is evidence as to the importance of family involvement as a form of support, a partner of Nursing, as it allows knowing the patient's needs for care planning[3]. For this, it is necessary to give new meaning to the family member's participation in the health care environment[2], which denotes a movement of reflection on the attitudes of nurses towards family care.

The families that accompany inpatients are inserted in the daily life and work routine of the entire health team, since, by participating in the therapeutic process, they make the connection between the patient and the team[4]. In this scenario, the family needs to be approached by the nursing professional in order to minimize difficulties and support them in assisting their ill loved one. Family nursing, conceptually, declares individuals and their families as the unit of care; therefore, it is considered a commitment and ethical duty of nursing to promote collaborative interaction, as it facilitates the positive evolution of the relationship between nursing and the family, as well as the achievement of health objectives[5]. And attests that any illness affects the whole family[6].

Thus, nursing care is essential as a supporter of the family's strengths for self-management[5]. Attitude is understood as the correlation between the way of proceeding and the willingness to do. The attitude can be favorable or unfavorable and directed toward people, objects, or situations, and is composed of cognitive, affective, and behavioral elements[1]. It is emphasized that a positive supportive attitude of the nurse involves the family in nursing care and a negative supportive attitude is linked to less involvement of the family in nursing care and the nurse's feeling that the family may hinder the nursing work process[7,8].

Studies point out that evaluating the attitudes of nurses to involve the family is an important indicator for the quality of care, also demonstrating the relationship between the professional and the family members[1,9-13]. Furthermore, it is worth mentioning that humanized care is part of the Public Health Policies in Brazil, especially the National Humanization Policy (NHP), which seeks to value the universal and equal access to health services, with an integral attention, through professional qualification[9].

Among the tools that can be used to evaluate the nursing team's performance in caring for families is the Families' Importance in Nursing Care-Nurses' Attitudes (FINC-NA). This tool allows assessing whether there is family involvement and interaction in nursing care in a collaborative way[10-11]. Studies using the FINC-NA scale in Europe, America, and Asia validated its relevance for assessing supportive attitudes and the importance of the family in nursing care and concluded that nurses' supportive attitudes toward families were excellent[1,7,10-17]. It is worth mentioning that no studies were found that evaluated the attitudes of nurses in caring for the family with FINC-NA in the south region of Brazil. Furthermore, the results of this study may provide advances in nursing practice and stimulate reflection on ways to approach and interact with families.

In this study, we aimed to describe nurses' attitudes towards caring for families, using the FINC-NA scale.

METHOD

This is a quantitative, descriptive cross-sectional study. Data collection occurred in December 2018, with Nurses working at the Teaching Hospital (TH) of the Federal University of Pelotas (UFPel), linked to the Brazilian Company of Hospital Services (EBSERH), located in the city of Pelotas, in the state of Rio Grande do Sul.

The population was selected from the total number of Nurses (157) of the TH-*UFPel/EBSERH*, of which 130 are assistants and 27 are administrative staff. The inclusion criterion for the study was to be a nurse working at TH-*UFPel/EBSERH* during the period of data collection, and all the nurses were included in the study. Exclusion criteria were those who were away from their activities during the period of data collection due to vacation, health and/or maternity leave. There was one refusal to participate after three attempts, and 30 were

excluded, following the proposed criteria, totaling 126 interviewed nurses.

For data collection, the Nurses were approached by the researcher during their shifts at the units, when they were invited to participate in the study. Upon acceptance, the Nurse received the self-applied data collection form, printed, along with the Free and Informed Consent Term (FICT), in two copies, and a date was agreed upon for the researcher to return to the unit to collect the completed form and the signed FICT. A self-applied structured form was used, with questions about the characteristics of the interviewees, followed by the FINC-NA scale.

The scale was developed in Sweden, by a group of nurses, with the objective of assessing nurses' attitudes towards the importance of including families in nursing care, in any care setting, based on a systematic review of the literature [10-11]. In 2009, the scale was translated and validated into Portuguese (from Portugal) and this version has been applied in Brazil since 2011. The Portuguese version is composed of 26 items and consists of three subscales: the family as a dialogue partner and coping resource (12 items); the family as a resource of nursing care (10 items) and the family as a burden (4 items). The response options for each question were a likert structure agreement scale with 4 options (strongly disagree=1; disagree=2; agree=3; and strongly agree=4)[10].

A database was built in the Epidata 3.1 program, with double entry and checking for inconsistencies. Then, it was transferred to the Stata® 13.0 program. To analyze the characteristics of the interviewees, we used descriptive statistics with distribution of relative and absolute frequencies and measures of central tendency and dispersion, mean and standard deviation. The variables analyzed were: age (in years), gender (female/male), academic degree (bachelor's/master's/ PhD), previous contact with family nursing content (yes/no); where did you have this contact (undergraduate/specialization/place where you work/another place/more than one); previous experience with a critically ill family member (yes/no); practice unit.

The overall total score of the scale was obtained with the average of the answers to the 26 items that compose it, and may vary from 26 (minimum) to 104 (maximum). The support attitude was classified as low support, support, and excellent support, following the analysis form adopted by the authors of the scale[10-11], using as cutoff point the interquartile ranges. Table 1 shows the scores obtained by quartile, with those below the first quartile considered low support, the interquartile range from the first to the third quartile considered supportive, and the scores above the third quartile considered excellent support.

Chart 1 – Mean score values obtained on the FINC-NA scale, distributed by quartiles representing the supportive attitude ranges

FINC-NA scale	Below Q1 Low support	Q1-Q3 Range Support	Above Q3 Excellent support
Scale total	67.0-78.0	78.1-91.9	92.0-102.0
Subscale 1	31.0-35.0	35.1-42.9	43.0-48.0
Subscale 2	25.0-30.0	30.1-35.9	36.0-40.0
Subscale 3	8.0-11.0	11.1-12.9	13.0-16.0

Source: Elaborated by the author (2021).

There were unfilled variables in the self-applied form, which were considered as ignored, being academic degree (01), time of professional practice (04), previous contact with family nursing content (01) and previous experience with a critically ill family member (02). As for the scale, 18 items were obtained with blank answers, which were replaced by the mean value obtained in the item to build the scores.

To test the statistical differences between the subgroups, the non-parametric Kruskal-Wallis and Mann-Whitney tests were used. We adopted a p-value <0.05 to assume the hypothesis that there was an association between the variables studied.

In conducting this study, the ethical principles of research with human beings, contained in Resolution No. 466 of 2012l[18]. The interviewed nurses received the FICT in two copies, and their anonymity was preserved. The study was approved by the Research Ethics Committee of the School of Medicine, Federal University of Pelotas, *CAE* 03836918900005317 under number 3051898.

RESULTS

When analyzing the attitudes of the 126 interviewed nurses, it was found that the mean score obtained in the total of the FINC-NA scale

was 84.4 (SD=8.6), ranging from 67.0 to 102.0. As for the characteristics of the nurses, 82.5% (104) were female, with a mean age of 37.5 years (SD=7.4), ranging from 26 to 58 years. Regarding the highest academic degree, 65.3% (82) reported having a *lato sensu* specialization. The average time of professional practice was 11.6 years (SD=7.1). As for previous contact with family nursing content, 87.3% (109) answered positively, which occurred, for 42.2% (46) of the participants, during the undergraduate course. It was identified that 79.0% (98) of the nurses reported having lived the experience with a seriously ill family member. The clinical and surgical units were the most common, with 43.6% (55).

The sociodemographic characteristics were stratified by the classification of support obtained in the total score of the FINC-NA scale. As for gender, it is noteworthy that among men there was a concentration of low support with 45.4% (10). For the academic degree, there was a predominance of respondents in the second quartile, considered as supportive, in all qualification levels, except in the undergraduate level, which had an equal distribution among all quartiles with 33.3% (4). As for the time of professional practice, it was verified that the largest portion of those who presented a low supportive attitude was concentrated in the zero to ten years range, with 30.9% (21). In relation to having contact with family nursing content, it was observed that, among those who had no previous contact with this theme, 50.0% (08) obtained the score of low support.

As for the experience with a critically ill family member, there was a predominance of the support score in both situations. Among the nurses working in the home care and outpatient units there was the lowest concentration in the low support score (9.5%), while among those working in the clinical, surgical, administrative and support units there was a lower occurrence in the third quartile, considered as excellent support, being, respectively 20.0% and 28.6%.

The results regarding the scores obtained by the participants in each of the three subscales of the FINC-NA scale are shown in Table 1. The mean score obtained by the nurses in Subscale 1, called "Family as a dialogue partner and coping resource", was 38.8 (SD=4.7). It was highlighted that nurses who reported having previous contact with family nursing content, as well as those who did not have the experience of having a seriously ill family member, and those who work in the home care and outpatient units obtained the highest scores. This result corresponds to the nurses' supportive attitudes towards the family, with respect to having them as partners in the care process and considering them as a resource in nursing care.

The mean score of 33.2 (SD=3.9) obtained in subscale 2 "Family: resource in nursing care". Lower scores were found among male nurses, those with a doctoral academic degree, and those who had no previous contact with family nursing content; however, there were no statistically significant results in the distribution of scores on this subscale. These results point to a supportive attitude from nurses considering the family as a resource in nursing care. In subscale 3, "Family: burden", we obtained a mean score of 12.4 (SD=1.7). The distributions were homogeneous in this subscale, and there was no statistical significance. The average results obtained were concentrated in the second quartile, which indicates a supportive attitude, denying the statement that the family is a burden.

Table 1 - Sociodemographic and professional characteristics of Nurses at *TH*/UFPel/EBSERH stratified by the three subscales of the scale "Importance of families in nursing care - Nurses' attitudes" (N= 126), Pelotas/RS, 2019

Nurses' Characteristics (n)	Supportive Attitude Score by Subscale *		
	Subscale 1 Mean q_1-q_3)	Subscale 2 Mean (q_1-q_3)	Subscale 3 Mean (q_1-q_3)
Sex (126)			
Female	39.0(36-43)	33.5(31-36)	12.4(11-13)
Male	37.6(34-41)	31.9(29-36)	12.3(11-13)
Value of p_a	0.11	0.08	0.84
Academic Level (125)			
Undergraduate	39.4(36-43)	33.2(30-36)	13(12-13)
Lato Sensu Specialization	38.9(35-43)	33.3(30-36)	12.4(11-13)
Masters	38.5(35-41)	33.1(30-36)	12.1(11-13)
PhD	37.7(35-40.5)	32.4(29.5-35)	13.5(12.5-15)
Value of p_b	0.86	0.91	0.15
Professional practice time (122)			
0 to 10 years	38.8(35-43)	33.2(30-36)	12.4(11-13)
11 to 20 years	39.3(36-42)	33.5(30-36)	12.5(12-13)
21 to 35 years	38.1(35-43)	32.3(30-35)	12.1(11-13)
Value of p_b	0.56	0.58	0.46
Contact Family Nursing Content (125)			
Yes	39.0(36-43)	33.3(30-36)	12.5(11-13)
No	37.0(34-40)	31.8(29.6-33.5)	12(11-13)
Value of p_a	0.04	0.13	0.33
When was this contact (109)			
Undergraduate school	38.9(35-43)	33.3(30-36)	12.4(11-13)
Specialization	37.3(36-40)	31.5(28-34)	12.2(12-13)
Unit where you work	40.3(36-43)	33.2(31-38)	12.5(11-13)
Other location	38.3(35.4-41.5)	33(29.5-37)	13.4(11.5-14.5)
More than one of the above	40(37-44)	34.3(31-38)	12.5(11-14)
Value of p_b	0.42	0.28	0.98
Had a seriously ill family member (124)			
Yes	38.7(35-43)	33.2(30-36)	12.4(11-13)
No	39.3(35.8-43)	33.0(30-37)	12.6(11-13)
Value of p_a	0.04	0.91	0.80
Work unit (126)			
Clinical and Surgical Unit	37.8(35-40)	32.4(30-35)	12.3(11-13)
Critical Unit	38.3(34-42)	33.3(30-37)	12.6(11-13)
Home and Outpatient Unit	41.3(38-44)	34.8(32-37)	12.5(12-13)
Administrative and Support Unit	39.6(35-43)	33.3(30-36)	12.2(11-13)
Value of p_b	0.02	0.09	0.88
Total (126)	38.8 (35-43)	33.2(30-36)	12.4(11-13)

* Subscales: Subscale 1: Family: dialogue partner and coping resource. Number of items and score 12 (12.0 to 48.0); Subscale2: Family: resource in nursing care. Number of items and score 10 (10.0 to 40.0); Subscale3: Family: burden. Number of items and score 4 (4.0 to 16.0).

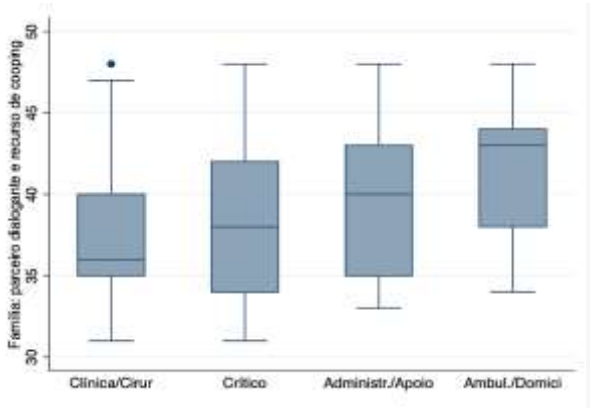
$_a$Mann-Whitney test

$_b$Kurskalwallis test

Source: Research Database "Nurses' Attitudes towards families in the hospital care network (2018).

The score results of Subscale 1, according to the nurses' work unit, are shown in Figure 1. It can be observed that nurses from the outpatient and home care units obtained the best mean score with 41.3 (SD=4.0), varying from 34.0 to 48.0, which means a supportive attitude towards the family. Mean score higher than that observed in the total sample in this subscale. While those who work in the clinical and surgical units obtained the lowest mean score of 37.8 (SD=4.3), ranging from 31.0 to 48.0, within the limits of the second quartile, considered as supportive attitude, however lower than the result obtained by the Nurses who work in the outpatient and home care units. When the Mann-Whitney test was applied, it was found that the scores of nurses working in the outpatient care and home care units were significantly higher than the results obtained by those working in the clinical and surgical units (p=0.002). This result indicates that nurses working in the outpatient care and home care units have a supportive attitude towards the families and see them as a dialogue partner in the care process.

Figure 1 – Distribution of the scores obtained by nurses on Subscale 1 of the FINC-NA stratified by work unit



Source: Research Database "Nurses' attitudes towards families in the hospital care network" (2018).

DISCUSSION

Nurses have, in their work routine, the daily contact with the family of users under their care, which makes it essential to develop positive supportive attitudes towards these individuals. Such attitudes humanize care, favor the formation of a bond of trust, and promote the empowerment of family members regarding the health issues of their ill loved one, integrating them into nursing care[19].

In this study, the presence of supportive attitudes of nurses towards families was verified with a mean score of 84.4 on the FINC-NA scale. On the other hand, the result obtained in this study was above that presented by studies conducted in Brazil, being 82.0 in a survey with 50 pediatric nurses in a University Hospital in the city of São Paulo [15] and 78.4 in a study with 76 nurses, in a rooming-in service and obstetric center in Maranhão[8]. It is noteworthy that the result obtained in the global score of the scale, in this study, points to the view of the family by nursing as a source of support and not as a burden, in addition to including it in care and enhancing the integration of the family unit with the nursing team.

It is recognized that the nurses' supportive attitudes depend on individual characteristics and on the training of these professionals throughout their academic and professional trajectory. The characteristics of Brazilian nursing were described as mostly female (85.1%) and young, with 61.7% of the nurses aged up to 40 years, and 63.7% graduated in ten years or less [20]. This is in line with the results identified in this research and with the nursing profile that responded to the FINC-NA scale, in Portugal [16] and in Sweden [10].

Analyzing the attitudes of support stratified by the characteristics of nurses, it was found, among men, a concentration of low support with 45.5% (10/22). A study conducted in Portugal, applying the FINC-NA scale, identified similar results, with women showing more favorable attitudes towards families[10,13,17]. The lower ability of men to include the family in caregiving reflects men's low supportive attitudes, which may be related to the patriarchal culture, considered an intervening factor in family health[21], being a competence considered fundamental in the care of hospitalized patients and families[22].

When verifying the academic degree, there was a predominance of *lato sensu* specialization, which corroborates the data obtained in other studies that applied the FINC-NA scale in São Paulo[15] with 68.0% of specialists and, in Maranhão[8], with 78.9%. Studies conducted, in Europe[7,13], identified proportionality between the academic degree and supportive attitudes towards families, which is in line with the present research, in which nurses with undergraduate degrees obtained the highest proportion (33.3%) of excellent supportive attitudes, although this result was not statistically significant. This result is justified by the fact that contact with the content of family nursing was present in approximately 90% of cases, occurring mainly during undergraduate nursing, with a proportion of 42.2%. The opposite result was found in a study conducted with nurses in the city of Maranhão/Brazil, which highlights that 52.6% had no contact with the content of family nursing during graduation[8].

Considering subscale 1: Family dialogue partner and cooping resource, it was observed that the scores obtained by the nurses were, in general, concentrated in the second quartile; characterized as supportive attitudes. However, it was found that the difference between the scores of nurses who reported having previous contact with the content of family nursing were significantly higher than those who had no previous contact with this topic. This result corroborates those described in studies carried out in Sweden[10] and Denmark[17]. Scholars on the topic recognize that specific training in Family Nursing reduces negative feelings regarding their involvement in caregiving [5,12,23]

Among individuals who have not had the experience of having a family member who is

seriously ill, better scores than among those who have already been through this experience stand out, in contrast to the results of a study conducted with Swedish nurses [24]. This result can be justified by the difficulty in dealing, especially, with imminent terminality, which causes, in the family, a permanent state of pain and suffering, being able to recall personal experiences of the nurses, using the strategy of distancing as a defense.

Higher scores in subscale 1 were found among those who work in the home care and outpatient units, to the detriment of those who work in the clinical and surgical units. Although both are within the supportive attitude score, there was statistical relevance in this distribution. Similar results were found among family health units that showed more supportive attitudes towards the family, compared to personalized health care units [14]. It is noteworthy that when work demands are high, many nurses give priority to some tasks, which may put the family in second place [10]. The fact that family support attitudes are higher in home and outpatient care can be explained by the need for nursing to include the family in the care, since the frequency/routine of assistance to these patients is different in the hospital environment.

Given the results obtained in subscale 1, the ability of the nurses in the sample to integrate the family into nursing care is evident. Considering the aspects questioned in this subscale, the supportive attitudes are characterized in terms of knowing who the family members are and recognizing them as partners in care, being willing to help them in their needs. And, inviting the family to actively participate in the care, including them in discussions about the patient's care process[1].

Regarding subscale 2: Family as a resource in nursing care, there were no statistically significant results in the distribution of scores, however, it is noteworthy that among male nurses, those with a doctoral degree and those who had no previous contact with family nursing content had the lowest scores, within, however, the second quartile, considered as supportive. Corroborating with studies conducted with Brazilian nurses [8] and Europeans[7,11], revealing that the family is considered by them as a resource in their care.

The supportive attitude towards the family, in this subscale, points to the understanding of this group as a resource in health care, valuing their experiences and allowing them to collaborate in decision making [1]. In addition, their expertise and co-responsibility in the health-disease process, mediated by the collaborative attitude of the family members, can be valued [8]. However, it is important to highlight that visualizing the family as a care resource requires offering them support so that they can recognize and use their potential to face the illness and hospitalization of their family member [24].

In subscale 3: family as a burden, where "burden" in this instrument is understood as something that bothers, hinders work, or is unimportant [25]. And, in this study, it was verified that the average scores obtained were concentrated in the second quartile, indicating that Nurses do not perceive it as a burden. A similar result was obtained in a study carried out in São Paulo, Brazil [15]. However, in a study conducted in Belgium and Scandinavian countries, young and less educated nurses considered family as a burden to practice [7]. It is noteworthy that the diverse characteristics of ethnicity, of factors that generate suffering or of the way families experience it are pointed out as difficulties for the relationship between nurses and family. These behaviors and the presence of the family generate stress, and can contribute to the fact that the family means a burden to nurses, exerting a negative influence on their work [1] and, as a consequence, minimizing the integration of the family in nursing care.

Na Subescala 3, são avaliados aspectos relacionados com a percepção que os enfermeiros têm da família dificultando seu trabalho, sentindo-se valorizados e estressados pela presença da família, e a percepção de não ter tempo para as famílias [1]. Opposite results were found, which points to the integration between nurses and the family unit with collaboration and participation in the implementation of patient care.

In this sense, it is worth reinforcing that academic training, supported by the theoretical framework of family nursing, can provide significant changes in the attitudes of nurses by recognizing the family as a care unit, practicing in partnership with the family, empowering the family for care, involving them in the development of interventions and evaluating the achievement of health goals [5].

CONCLUSION

When the FINC-NA Scale was used to identify nurses' attitudes towards family care in the hospital care network, the presence of supportive attitudes was identified, with a mean score of 84.4 (SD=8.6). In Subscale 1, a score of 38.8 (SD=4.7) was obtained, indicating that nurses have their patients' families as partners in the care process. In subscale 2, the mean score was 33.2 (SD=3.9), showing that nurses consider that the patients' family is a supportive resource in nursing care. In subscale 3, which evaluates if nurses see the presence of the family with the patient as a burden to the nursing work, the mean score was 12.4 (SD = 1.7), which refutes the statement of the subscale.

It is worth mentioning that the practical application of this study lies in the fact that it brings to light the debate about the relevance of adopting inclusive actions for the family in health care services. As well as the potential that nurses' positive attitudes have on the promotion of family involvement in health care and co-responsibility for treatment. As limitations, in the present study, we identified the lack of data collection on the promotion of permanent education actions in family nursing by the studied service, to support the discussion about the influence of this training on the nurses' supportive attitude.

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